

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 764991 RECEIPT DATE: 01 / 23 / 01
IA NUMBER: PCT/ JP99 / 03950 IA FILING DATE: 07 / 23 / 99
FAMILY NAME: SASAKI DELAY WAIVED (Y/N): Y
GIVEN NAME: MIYUKI DEMAND RECEIVED (Y/N): Y
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 07 / 24 / 98
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: P20481 COUNTRY:
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 007055 TELEPHONE 7037161191
FAX 7037161180
NAME: GREENBLUM & BERNSTEIN
STREET: 1941 ROLAND CLARKE PLACE
CITY: RESTON
STATE/COUNTRY: VA ZIP: 20191
EMAIL:
APPLICATION TITLES:
DATA STORAGE MEDIUM DATA RECORDING AND REPRODUCING METHOD AND DATA REC
ORDING AND REPRODUCING APPARATUS

TAB TO LAST POSITION,PUSH SEND

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Bib Data Sheet

CONFIRMATION NO. 4070

SERIAL NUMBER 09/764,991	FILING DATE 01/23/2001 RULE	CLASS 705	GROUP ART UNIT 2161	ATTORNEY DOCKET NO. P20481
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APPLICANTS
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 Yoshihisa Fukushima, Osaka-shi, JAPAN;
**** CONTINUING DATA *******

THIS APPLICATION IS A 371 OF PCT/JP99/03950 07/23/1999

**** FOREIGN APPLICATIONS *******
 JAPAN 10-208902 07/24/1998
 JAPAN 10-252161 09/07/1998

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 02/28/2001

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 10	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 17
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <u>[Signature]</u> Initials: <u>[Initials]</u>				

ADDRESS

7055

TITLE

Information recorded medium, information recording/reproducing method, and information recording/reproducing device

FILING FEE RECEIVED 2106	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
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